CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR HAVOLD NICKNAME TVOENLICH TH	SUFFIX	Date Received MAY 0 2 2014	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS I POBOX: APTISUITE TO CITY: IN BY THE YORK TO YORK TO THE	ar Gr TX 75234	MANAGER'S OFFICE Date Hand-delivered or Postmarked Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (900 138 8444	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR) REST	QUINN SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#, 3939 TREET HOUSE	Robinstate Add	SIP CODE TESSOS	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER 432	EXTENSION		
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 5/2	/20/4	
11 ELECTION	ELECTION DATE Day Year Primary	Runoff	General Special	
12 OFFICE	OFFICEHELD/IT any) Cooneil Tistrict Z	13 OFFICE SOUGHT (If know	ovneil rut Z	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT:

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

SUPPORT	& IOIAL	3	1	
14 C/OH NAME	6 N. 7	roehle 55 11	5 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
4	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS	·	
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages	-	COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ Henired	
a	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 357			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ ### ###############################			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2301. 11			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
O .	bscribed before by of May	is true and correct and includes al me under Title 15, Election Code. Signature of Car me, by the said	f perjury, that the accompanying report I information required to be reported by Indidate or Officeholder This the my hand and seal of office. Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME WOLD Froeblel			3 ACCOUNT # (E	thics Commission Filers)	
4 Date	Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
4/16/14	6 Contributor address; City; State; Zip Code	15731	200,00		
	farmers maner 11	15054	(If travel outside of	of Texas, complete Schedule T)	
9 Principal occur	ation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution	
illul,	Korin Bernier		contribution (\$)	description (if applicable)	
TIMILA	Contributor address. City; State; Zip Code 13 630 Hearts de 11	ne	25.00		
	Farmers Tovanch TX.	15234	(If travel outside o	f Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I		rexas, complete Suredule 1)	
Date	Full name of contributor Out-of-state PAC (ID#		Amount of	In-kind contribution	
Hil	Contributor address; City; State; Zip Code	liums	contribution (\$)	description (if applicable)	
1/19/14	3/3/ Burymease L	-No	100.00		
	tornung byanch	75234	(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor Out-of-state PAC (ID)		Amount of contribution (\$)	In-kind contribution description (if applicable)	
470414	Contributor address: Pity: State: Zip Code 2 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15750	1000.00)* 	
	1.00.7-1010-		(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	ž	
Date	Full name of contributor out of state PAC (IDIK_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
424 A	Contributor address; City; State; Zip Code	1500	500,00		
Dringing! again	postion / Joh title (See Instructions)	Employer (Page		of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)	IX.	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:			
2 FILER NAME Havold Froehlich	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC(ID#	7 Amount of contribution (\$) description (If applicable)			
Taxmers Pranch TX752	50.00			
	(If travel outside of Texas, complete Schedule T) r (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)			
4014 Contributor address: Qity: State; Zip Code 2022 Fic Ly Exymptes Example 14772	700,00			
Principal occupation / Job title (See Instructions) Employer	(If travel outside of Texas, complete Schedule T) r (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)			
Taymus Branch TX 7523	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Employe	r (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)			
Farmer Pranch TX 75236	(If travel outside of Toyan complete Schedule T)			
	(If travel outside of Texas, complete Schedule 1)			
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)			
Tarmers Branch TY75234	Y. 5D.00 (If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Employe	r (See Instructions)			

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME	avold Froseldich		3 ACCOUNT # (E	thics Commission Filers)	
4 Date 5/1/14	5 Full name of contributor out-of-state PAC(ID#, MANUALL TO OUT 6 Contributor address; City; State; Zip Code	enck	7 Amount of contribution (\$)	8 In-kind contribution description (If applicable)	
7 11 1	Famuers Branchity	75234	(If travel outside	of Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code	е́в, в в в в в жовов	<i>i</i> e.		
		v	(If travel outside	l 	
Principal occu	pation / Job title (See Instructions)	Employer (See	Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code	E E in F in an architecture t		i I	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code		*	1 * I	
			(If travel outside	of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				er	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code	* * * * * * * * * * * *		e e	
lái	×		(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

		CATEGORIES F			
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Con		oan Repayment/Reim	
Accounting/Banking	Legal Services	Solicitation/Fundrais	ing Expense Tr	ransportation Equipm	ent & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		ontributions/Donation	
Event Expense	Polling Expense	Travel Out Of Distri			der/Political Committee
Fees	Printing Expense	Office Overhead/Re	ntal Expense O	THER (enter a categ	ory not listed above)
	The Instruction Guid	e explains how to c	omplete this form		
1 Total pages Schedule F:	2 FILER NAME WOLD F	roehlic	4	3 ACCOUNT # (Ethics Commission Filers)
4 Date 15/14	5 Payee fame Lee LAD	y Inc		- 	
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code	ch.		
1300.00	Adolson	relythy	500/		
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description (If	travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	Winting / Ma	ul .		3)	
O Complete Chilly if direct	Candidate / Officeholder name	9 ///	Office sought	/	/ Office held
9 Complete ONLY if direct expenditure to benefit C/O		relieble of	lista (ovner	man 11
Date 4/19/14	Payee name Modro cou	st May	ton The	acper of	rulast
Amount (\$)	Payee address; City; S	itate: Zip Code		8	
100 00	3079 Va	way Vira	work		11
100:00	Farmer	1 Tour	u TX	752	34
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description (If	travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	Christian	Motorseriost			
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Complete ONLY if direct expenditure to benefit C/O	I Was I I Take	eldich	Dist 2		UST 2
- 11	Payeemame	115	-	1	10
Date 4/11/4	Leadily	Office	t Yomer	fonal 1	water to
Amount (\$)	Payee address; City; S	tate; Zip Code			
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191100	Wallay 7	4 152	U		
PURPOSE	Category (See categories listed at the l		Description (If	travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Winking Ma				
Complete ONLY if direct	Candidate / Offigeholder nam	e // /	Office sought	-	Office held
expenditure to benefit C/C	11/11/11/11/11	elilich	V19/2	_	V1512
Date	Payee name		-		
4705/14	KEEKOL	yone			
Amount (\$)	Payee address; City; S	State: Zip Gode	with		
1500.48	460160	nTXT	5001		
PURPOSE	Category (See categories listed at the t	top of this schedule)	Description (If	f travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Minten /M.	eil.			
Complete <u>ONLY</u> if direct expenditure to benefit Q	Candidate office holder name	Elilet	Office sought	7_	Pist Z
	ATTACH ADDITIONAL	COPIES OF THIS S	CHEDULE AS N	EEDED	

Austin, Texas 78711-2070